2: Man G-5 (1869-1880)1932 AZ2 Andamans AZ2

not at the hands of their mothers, but of the male members of the tribe.

Reproduction.—1. Marriages never take place till both parties have attained maturity, and generally not till a few years later; the usual age of the bridegroom varies from 18 to 22, and of the bride from 16 to 20. The result of inquiries tends to show that there is a slight predominance of female over male births; three or four is the average number of children born of the same parents. The largest family known consisted of six, three only of whom attained maturity.[1]

2. Twins are rare, and as no instance can be recalled of both surviving infancy, notwithstanding all possible care being bestowed on them, they are not favourably regarded. No case of triplets has been known to occur. Births out of wedlock are considered discreditable, and in the one known instance of the kind, the parents were married immediately after the event; no difference was made in the treatment which the child received.[2]

3. The limited fecundity of the women may in some measure be due to the circumstance that they never wean their babies, so long as they are able to suckle them, and it not unfrequently happens that the two youngest children are seen together at their mother's breast.[3]

4. The ill success in rearing their offspring is doubtless owing in most part to the injudicious management and petting which each of the mother's friends considers right to bestow on the infant. It is looked upon as a compliment for every woman who may be nursing, to relieve the mother of this duty at frequent intervals; it is, therefore, no matter of surprise that the little one ails and dies.

5. The proportion of deaths from violence and accident, is believed to amount to four or five per cent.

6. Barrenness is rare, as are also cases of stillborn children. No drugs or other contrivances are employed in order to increase or limit reproduction.

Abnormalities.—1. Excessive development of fat about the gluteal region is frequently observable among the adult women.

[1] It is said that more children are born during the rains than at any other season of the year.

[2] *Vide post* "Marriage," paragraph 4.

[3] On this subject Dr. Brander remarks as follows:—

"They mostly possess considerable mammary development, and the glands in many cases seem to be in a chronic state of functional activity. This may be due to the late period to which they suckle their young (even to three or four years), or to another purpose to which the milk is applied. . . ." (*vide post*, "Sharing.") [As will be seen from Plate II, fig. 1, the mammæ are pyriform rather than spherical: with the advance of years they become flaccid and elongated.]

6: Cipriani E-5 (1951-1953)1961 AZ2 Andamans AZ2
Onge

common in the Andamans, said by RADCLIFFE-BROWN (p. 273) to be eaten by the Andaman Islanders as a protection against rheumatism, is never killed. For some superstitious reason the Onge are simply horrified at the thought of touching such an enormous flying bat. Among the fruits, those of a plant whose wood has such a revolting smell that it is known, in English, as "stool-tree", are believed to have exceptional protective properties for the human body. The fruits themselves smell even worse than the wood, but this, to the Onge, makes them appetizing rather than disgusting. Concerning honey, and the many sugary fruits of the jungle that are available all the year round, the Onge luckily ignore the simple method of distilling alcohol. No intoxicating drink reaches Little Andaman from the outer world, whereas in Great Andaman alcohol, together with imported syphilis, was one of the main causes of depopulation. No syphilis appears as yet to have reached Little Andaman. This is also confirmed by the research carried out by Dr. HERMANN LEHMANN of London's St. Bartholomew's Hospital, during February 1953 in my Onge camp in Labanare (north-east coast of Little Andaman).

II. Effects on the People's Lives

The islanders die young, specially the men. The majority of them succumb before reaching the age of 20; most of the survivors die between 20 and 40; the rest – with a very few exceptions – before 50. Women, after marriage, follow a similar pattern: the death rate among women, however, is slightly different owing to a less corrosive sexual life. Some women may live to the age of sixty, but both sexes age soon, appearing older than their years when still in their twenties. The short Onge span of life recalls conditions which apparently prevailed among prehistoric and protohistoric men. Palaeolithic man died at an earlier age than modern man. The Onge today, in many respects, behaves as palaeolithic man behaved countless centuries ago. – Infant mortality is high; the first five days of life are the most critical for the Onge, owing, in part, to the hard life led by mothers even during pregnancy, which often causes functional damage to the placenta. Delivery is generally easy and traumatic injury rarely occurs; but premature births are common, and so are malformations and other anomalies. Imperfect infants are quickly eliminated by their parents. As a result, only a small number of children are allowed to grow up, but these appear normal. There are no blind and no deaf-and-dumb people in Little Andaman. I saw only two instances of incipient lameness: in an unmarried boy of about twenty and in a young married woman. Only robust infants can survive.

The Onge, so careful about their food, are completely indifferent to something else that is considered very harmful in continental and insular regions close to the Andamans. There, menstruating women are often segregated and considered harmful to the entire community. Not so in Little Andaman, where the remedies applied in the circumstance are extremely primitive (cf. supra) and could probably be traced to palaeolithic man. I saw nothing

11: Cipriani E-3 (1951-1955) 1966 AZ2 Andamans AZ2
Onges

the finger-tips and almost pink, with pale chocolate moons and yellowish-brown palms and soles. In the adults the nails and soles of the feet remain pale, the palms being a little darker. The head, and the visible buccal and nasal epithelia, were almost black, and the gums were pink, as was the inside of the lips, with dark petechiae, in adults very noticeable, at the base of the teeth and over the tongue and palate. The cheeks, however, were a reddish-brown, although the whole skin was already showing signs of darkening after twelve hours. Nasal cartilage was minimal, but that of the ears well-developed. The darkest area of skin were the forehead, eye sockets, lids, nipples and genitalia.

In general, therefore, the infant's skin was very slightly lighter than that of the adults, though before I could be sure of this I had to wash off the thick layer of ochre which is smeared over the unwashed infants immediately after birth. As the infants are extremely carefully protected from the sun by 'umbrella' hats made of lobed palm leaves, the darkening, which is complete by the end of the first year, is clearly biological and is not effected by tanning. As, however, the Onges interchange or 'adopt' children freely, it was impossible to carry out any proper colorimetric observations.

I saw no albinos in the Onges, usually fairly common in dark-skinned peoples. I saw several in Africa, with apparently normal parents. Some African peoples destroy albinos at birth as they do those with deformities, and the Andamanese may do the same, as I saw little congenital deformity (see, however, p. 46). Fear of being held responsible for disasters which befall the group carries great weight, and it is possible that the two cases of abnormality which I did see did not manifest symptoms at birth. Twins, however, are clearly (and gladly) accepted, so eager are the Onges to have children.

It was already clear in the infant that it would have the somatic characteristics common to all Negritos as regards the proportions of the body, the form and dimensions of the head, absence of prognathism, comparatively fine lips, nose and ears, black skin, and woolly hair, and would be well below 1·5 metres in height when fully grown. Above all, the Andamanese have a large forehead, very wide-angled jaw and large mouths, with the upper lips not invariably full, as in Negroes. Many Onges, in fact, have fine features,